

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

FEE AMT.
AMOUNT
AMOUNT

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
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TOTAL	IND						
TOTAL	DEP						
TOTAL	CLAMS						

CLAIMS	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
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